

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

General Information

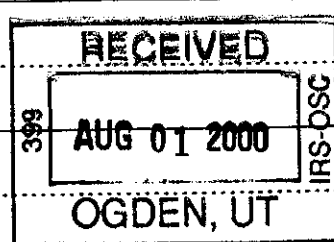
1 Name of organization INDIANA HEALTH CARE POLITICAL ACTION COMMITTEE		Employer identification number 35 6043509
2 Mailing address (P.O. Box or number, street, and room or suite number) 1 N CAPITOL SUITE 1115		
City or town, state, and ZIP code INDIANAPOLIS IN 46204		
3 E-mail address of organization ihca@ihca.org		
4a Name of custodian of records INDIANA HEALTH CARE ASSOCIATION	4b Custodian's address SAME AS ABOVE	
5a Name of contact person TAMARA NOEL	5b Contact person's address SAME AS ABOVE	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Purpose

- 7 Describe the purpose of the organization
TO ASSIST MEMBERS IN DELIVERING QUALITY LONG-TERM CARE FOR INDIANA RESIDENTS.
POLITICAL CONTRIBUTIONS MADE TO PROMOTE QUALITY CARE THROUGH EDUCATION,
INFORMATION, AND ADVOCACY.

List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
INDIANA HEALTH CARE ASSOCIATION	PARENT ORGANIZATION	SAME AS ABOVE
INDIANA HEALTH CARE SERVICE CORP	PROFIT SUBSIDIARY	SAME AS ABOVE
INDIANA HEALTH CARE FOUNDATION	NON-PROFIT SUBSIDIARY	SAME AS ABOVE



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**Sign
Here**

Signature of authorized official

Date _____